

# CHALLENGE ACADEMY - CONSENT FORM - UNDER 16

## TO BE COMPLETED BY RESPONSIBLE ADULT

I agree that myself and/or the young people (under 12s) under my care will carry out the activity in accordance with the specific safety instruction given by Challenge Academy qualified staff. I will ask a member of staff if there is anything that I am unsure of.

I understand that the activity requires a moderate level of fitness and might be physically challenging. I accept that there is a risk of injury when undertaking such activities. I acknowledge my responsibility and will ensure that myself and/or the young people under my care will be made aware of the responsibility that they have for their personal safety when carrying out the activity. I understand that some of the activities will be undertaken without direct supervision, following the safety instruction.

In the unlikely event of an accident, or loss or damage to personal effects, I acknowledge that Challenge Academy will not be liable for any direct or indirect loss, damage or injury arising from, or in connection with the activity, except in instances of personal injury directly caused by the Company's negligence, and I waive all claims against the Company in this respect.

I confirm that I will make staff aware of any medical condition that myself or any of the children under my care have, which might have an adverse affect on their ability and safety. I confirm that I will inform staff of any specific needs.

Participating in adventurous activities will always have associated risks of personal injury. We make every effort to minimise this risk - our systems are extremely safe, regularly checked and our instructors are trained to a high standard. However, participants in these activities should be aware of the risks and must always be responsible for their own actions.

### **MEDICAL CONDITIONS**

An emergency First Aider will be on duty - it is your responsibility to inform of us any specific needs/medical conditions that you believe we should be aware of. Please include details of any medicines being taken, any allergies (penicillin, plasters etc) or other necessary information - this information will remain confidential.

**I am over 18 - I am the designated carer/parent. I have permission from parents or guardians for the participation of the under 16s listed below**

**NAME**

**AGE**

**NAME**

**AGE**

**NAME**

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**AGE**

By ticking this box  and signing below you are agreeing to all of the terms within this document. Please ask if there is something that you are unsure about.

**NAME**

**AGE**

**EMAIL**

**TEL**

**SIGNATURE**